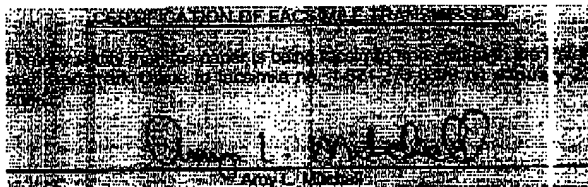


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CENTRAL FAX CENTER****JAN 23 2006****FACSIMILE TRANSMISSION**TOTAL PAGES (Including Cover Page) 20 DATE: January 23, 2006Attn: Examiner Daniel W. Howell
TO: Commissioner of Patents and Trademarks FROM: Linda L. Palomar, Reg. No. 37,903FAX NO: (571) 273-8300 FAX NO: (312) 704-8023*If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.***ORIGINAL COPY AND ENCLOSURES** WILL BE SENT BY MAIL COURIER
 ✓ WILL NOT BE SENT**NOTES:**Inventor: William F. Nordlin
For: UNIVERSAL QUICK CHANGE
HOLE SAW ARBOR
Serial No.: 10/773,746
Filed: February 6, 2004
Atty Ref: 913/40838/310**IMPORTANT NOTICE**

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In re application of: William F. Nordlin
 Serial No.: 10/773,746
 Filed: February 6, 2004
 Art Unit: 3722
 For: Universal Quick Change Hole Saw Arbor

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number 1-571-273-8300 on January 23, 2006.

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Sir:

Transmitted herewith is an Amendment in Response to the September 23, 2005 Office Action.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 29	MINUS	** 20	9
INDEP.	* 6	MINUS	** 3	3
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL	
ADDIT. FEE	\$.00

LARGE ENTITY

Rate	Addit. Fee
x 50 =	\$ 450.00
x 200 =	\$ 600.00
+ 360 =	\$.00
TOTAL	\$1050.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
- ☒ Please charge my Deposit Account No. 20-1495 in the amount of \$ 1050.00 to cover the filing fee. A duplicate copy of this sheet is enclosed.
- ☒ Enclosed is a Petition for Extension of time.
- ☒ Please charge my Deposit Account No. 20-1495 in the amount of \$ 120.00 to cover the fee for a petition for a one-month extension of time. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: January 23, 2006

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